



NORTH CAROLINA CODE OFFICIALS QUALIFICATION BOARD

STANDARD CERTIFICATE SPONSOR COURSE EVALUATION/SURVEY FORM FOR STUDENTS

This is an evaluation form for licensees who are taking Standard Certificate courses. On a scale of 1 to 5 please rate the quality of the instructor and course material. Please complete the questionnaire as thoroughly as possible. The information provided will be reviewed by staff and presented to the Board and will be used in planning and approving future classes.

Course Name:	Date:
Course Number:	
Sponsor Name:	
Course Instructor(s):	

Poor (NO) 1	Below Average 2	Average (MAYBE) 3	Above Average 4	Outstanding (YES) 5
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INSTRUCTOR EVALUATION

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How well do you rate the overall quality of instruction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the instructor speak clearly and loudly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the instructor present the material in an understandable manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the instructor keep your attention? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the instructor manage the students in the classroom? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the instructor use instructional aids to enhance learning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the instructor interact with students in a positive manner that encouraged learning and questions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the instructor avoid personal criticism of any other person, agency or organization? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COURSE EVALUATION

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How do you rate the overall value of this course? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the content of the course well-paced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the course have clear goals and objectives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the course presentation cover the subject matter in the student materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the exam questions reflect the content covered throughout the course? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL COMMENTS (please print in box below):

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